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CONFIRMATION NO. 2915

<b>SERIAL NUMBER</b> 09/846,687	<b>FILING OR 371(c) DATE</b> 05/01/2001 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1646	<b>ATTORNEY DOCKET NO.</b>
<b>APPLICANTS</b> Lorrence H. Green, Westbury, NY;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/200,983 05/01/2000 <b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b> ** 07/06/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b>	<b>TOTAL CLAIMS</b> 10 <b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> Thomas A. O'Rourke Bodner & O'Rourke 425 Broadhollow RD Melville ,NY 11747				
<b>TITLE</b> Method and vaccine for the prevention of AIDS				
<b>FILING FEE RECEIVED</b> 477	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

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